MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5 9 9 1 7 8 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4							54						
5							55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	1	⬅		⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	3						TOTAL CLAIMS						